



Business Closing Form

To Business License Department:

Business License # _____,

I _____ of _____,
(Name) (Business name)

located at _____ will be closing my business as of
(Address)

this date _____.

Thank you for your cooperation in this matter.

Submitted by:

(Signature)

Date:

City of Cathedral City, 68700 Avenida Lalo Guerrero, Cathedral City, CA 92234
Attn: Kim Porterfield, Business License Revenue Officer
Email: kporterfield@cathedralcity.gov, Phone (760) 770-0353, Fax (760)202-1460